

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006191

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

67

STATE FILE NUMBER

FILED MAR 4 1963

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clinton

Length of stay in lb

60 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

243 N. Water St.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Henry

c. CITY  
OR  
TOWN

Clinton

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

243 N. Water St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

FIRST  
VIRGINIA

MIDDLE  
LEOTA

LAST  
ROLSTIN

4. DATE  
OF  
DEATH

Month Day Year  
Feb. 25, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/26/1880

## 9. AGE (last birthday)

82

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.  
4 29

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Pettis Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Wm. P. Davis

## 13b. MOTHER'S MAIDEN NAME

Rachel Phillips

## 14. NAME OF HUSBAND OR WIFE

Forest Rolstin

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Alfred Julian Clinton, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Coronary occlusion

## INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Arteriosclerotic heart disease

5 -6 yrs.

### DUE TO (c)

Generalized arteriosclerosis

10 yrs. +

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1948 to 1963 and last saw her alive on 2-25-63. Death occurred at 3:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Clinton, Missouri

## 22c. DATE SIGNED

2-26-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb. 27, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Englewood Cemetery

## 23d. LOCATION (City, town, or county)

Clinton, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Vansant Funeral Home, Clinton, Mo.

## 25. DATE RECD. BY LOCAL REG.

Feb 26 - 1963

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS-300  
Rev. 4/59  
1 0425  
2 0425  
3  
4 1  
5 1  
6  
7 0  
8 0  
9 4200  
10  
11  
12 90-0  
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. A. Vansant*

Licensed Embalmer No.

*3779*

P. O. Address

*Clinton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit obtained

A-26-63

(M.B.)